



Position Title: Office Assistant (hourly minimum wage - \$16.28)

Position Summary: Office Assistant is responsible for assisting and supporting the Association Manager and Executive Officers in conducting various tasks required for South Sound United State Bowling Congress (SSUSBC).

Supervised by: Reports directly to Association Manager and Executive Officers. The Association Manager and the Personnel Committee will conduct a hiring process. Once a person is identified the information will be presented to the board of Directors for approval.

Supervision: Not applicable.

Work Hours: This is a part time position with up to 20-hours per week. This time may vary due to peak times. Daily schedule will be negotiated with the Association Manager. Extra hours when required will be approved by the Executive Officers prior to work being done.

Duties and Responsibilities: The duties and responsibilities of this position include but are not limited to the following:

1. Process league certifications and individual membership cards. Contact league secretaries as necessary to verify information concerning the league certifications, membership cards and/or bowlers.
2. Track funds for membership cards. Ensure all transactions are given a receipt and documented. Any discrepancies will be coordinated with the Association Manager.
3. Make weekly transmittal to the United States Bowling Congress (USBC). This includes league certification, membership and bowler awards. Input award information for bowlers into WinLabs, print labels, stuff envelopes with awards and prepare for distribution to bowling centers.

4. Assist Association Manager in preparing information for tournaments. Promote USBC and South Sound Association events. Create flyers, banners and other information for the Association.
5. Perform inventory and maintain supply of awards.
6. Answer phones and provide customer services to all customers. Perform other general office tasks as needed.
7. Perform other duties as needed.

Qualifications:

1. Knowledge of the bowling industry, such as local centers, USBC and SSUSBC.
2. Office skills such as basic accounting, bookkeeping, organizational and time management.
3. Basic computer skills: Winlabs, MS Word, Excel, Web page, and QuickBooks.
4. Strong written and oral communication.
5. Customer service skills, including the ability to work with a diverse customer base.
6. Must be a USBC member, obtain a RVP Badge and SafeSport training.

Educational/Skill Requirements:

1. High School Diploma or equivalent.
2. Knowledge of current technology (computers, phones, social media, etc.).

Working Environment: Small two employee office. Volunteers come in to assist. During Board or Committee Meetings there is more activity in the office. Some lifting and organizing required when trophies/awards are received. Peak times in the office are usually fall and spring.

For more information and/or submitting application contact:

South Sound USBC Association
or Association Manager Barb Pettinger
253/473-4822

SSUSBC@southsoundusbc.com

South Sound USBC
Employment Application

Date: _____

APPLICATION INFORMATION – Please type or print clearly in blue or black ink.

Name (Last)

Name (First, Middle)

Street Address:

City, State, Zip:

Day Telephone:

Cell Phone:

Email Address:

Are there other names under which you have worked or attended school? Yes No
If yes, please list for reference checking purposes.

Are you over the age of 18? Yes No

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Yes No

If yes, explain 1) the nature of the crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not automatically bared from employment.)

Do you have any pending criminal charges against you? Yes No

If yes, describe 1) the nature or crime, 2) date issued, and 3) country and state where issued.

Have you ever worked for a USBC Association before? Yes No

If Yes, Where and When:

Position Applying For:

PT or FT Desired	Salary Preference	Hours Available	When can you start
------------------	-------------------	-----------------	--------------------

How were you referred to this association?
 Friend/Relative Ad Website/Social Media Other: _____

SPECIAL SKILLS:

Please describe processing speed, software knowledge, and office equipment experience.

Please describe other office equipment experience.

EDUCATION:

School	Name and Location	Years Attended	Major Subjects	Diploma Degree Rec'd
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

TRAINING Courses - List any relevant academic honors, awards. Scholarships, professional organizations, volunteer activities, certificates, publications, licenses, or any other information you consider significant and relevant to employment at this association

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

EMPLOYMENT HISTORY – <i>List present or most recent employment and/or association positions first. Complete even if accompanied by a resume.</i>			
<u>Employer</u>	Position Title		Start Date End Date
Street Address		Salary	Hours per week
City/State/Zip	Last Supervisor's Name	Employer/Association's Phone	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving
<u>Employer</u>	Position Title		Start Date End Date
Street Address		Salary	Hours per week
City/State/Zip	Last Supervisor's Name	Employer/Association's Phone	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving
<u>Employer</u>	Position Title		Start Date End Date
Street Address		Salary	Hours per week
City/State/Zip	Last Supervisor's Name	Employer/Association's Phone	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:			Reason for Leaving

REFERENCES: <i>List three persons other than personal friends or relatives who have knowledge of your background or education.</i>		
Name	Mailing Address	Phone Number (Day)

Please Read Carefully Before Signing This Form

1. All information contained in this application is true to the best of my knowledge and belief. I understand that misrepresentation or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am selected/hired.
2. I authorize this association to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowing fully release and hold harmless any person or organization that provides information pertaining to my employment or me.
3. I understand that upon receiving a job offer, it is a requirement of the position to complete the RVP (Registered Volunteer Program) screening. Also, a physical examination and drug screen may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become selected/hired by this association. I recognize that this application is not and should not be considered a contract of employment. I understand that selection/employment at this association is on an at-will-basis and that my selection/employment may be terminated with or without cause, and without notice, at any time, at my option or the association's, unless specifically provided otherwise in a written selection/employment contract. I further understand that no association employee or representative has the authority to enter into a contract regarding duration or terms and conditions of election/employment other than an officer or official of the association, and the only by means of a signed, written document.

Applicant Signature: _____

Date: _____

Thank you for your interest in our association.

